

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 129

BIRTH MO. _____		REG. DIST. NO. 31		PRIMARY REG. DIST. NO. 5107		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN White Township				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN White Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Ionia				e. LENGTH OF STAY (In this place) 30 yrs			
d. STREET ADDRESS Ionia				(If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) William		c. (Last) Ransdell	
4. DATE OF DEATH		Month Jan		Day 7th		Year 1951	
5. SEX Male <u>D</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>		8. DATE OF BIRTH Dec 3rd 1874		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Missouri <u>U</u>		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Samuel Walter Ransdell		13b. MOTHER'S MAIDEN NAME Anna Reed		14. NAME OF HUSBAND OR WIFE Anna Ransdell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Robert Smart Ionia Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 334X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 10, 1950, to Jan 1, 1951, that I last saw the deceased alive on Jan 1, 1951, and that death occurred at Jan 7 th m., from the causes and on the date stated above.							
23a. SIGNATURE S.O. Stratton (Degree or title) M.D.				23b. ADDRESS Lincoln Mo		23c. DATE SIGNED Jan 9-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 9th 1951		24c. NAME OF CEMETERY OR CREMATORY Christian Cemetery		24d. LOCATION (City, town, or county) (State) Pettis County Mo	
DATE REC'D BY LOCAL REG. Jan 9, 1951		REGISTRAR'S SIGNATURE E. L. Eckhoff 394		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. L. Eckhoff 394 Camp 2nd			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

1-2351

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-23-21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. L. Eichhoff

730

Licensed Embalmer No. _____

P. O. Address Cole Camp Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.